



PART B - FEE(S) TRANSMITTAL

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Alexandria, Virginia 22313-1450
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)
7590 09/15/2003

Commanding Office
Office of Patent Counsel Code Doo12
Spawarsyscen San Diego Room 103
53510 Silvergate Avenue
San Diego, CA 92152-5765

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Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Rhea J. McGehee	(Depositor's name)
<i>Rhea J. McGehee</i>	(Signature)
9/18/03	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/574,987	05/12/2000	Carol A. Becker	82408	9258

TITLE OF INVENTION: VISIBLE LIGHT PH CHANGE FOR ACTIVATING POLYMERS AND OTHER PH DEPENDENT REACTANTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1300	\$0	\$1300	12/15/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
TRAN, THAO T	1711	422-186300

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Peter A. Lipovsky
2 Michael A. Kagan
3 Allan Y. Lee

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

United States of America as Represented
by the Secretary of the Navy

Washington D.C.

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☐ corporation or other private group entity ☒ government

4a. The following fee(s) are enclosed:

☒ Issue Fee

☐ Publication Fee

☒ Advance Order - # of Copies Two (2)

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☐ Payment by credit card. Form PTO-2038 is attached.

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Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

PETER A. LIPOVSKY

Peter A. Lipovsky 17SEP03

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01 FC:1501
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TRANSMIT THIS FORM WITH FEE(S)



B/P

PTO/SB/17 (01-03)
Approved for use through 04/30/2003. OMB 0651-0032
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FEE TRANSMITTAL for FY 2003 <i>Effective 01/01/2003. Patent fees are subject to annual revision.</i>		Complete if Known	
		Application Number	09/574,987
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	05/12/2000
TOTAL AMOUNT OF PAYMENT (\$) 1,300.00		First Named Inventor	Carol A. Becker
		Examiner Name	Thao T. Tran
		Art Unit	1711
		Attorney Docket No.	82408

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 50-0847 Deposit Account Name: SPAWARSYSCEN SAN DIEGO The Commissioner is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		3. ADDITIONAL FEES Large Entity Small Entity Fee Code (\$) Fee Code (\$) Fee Description Fee Paid	
FEE CALCULATION			
1. BASIC FILING FEE Large Entity Small Entity Fee Code (\$) Fee Code (\$) Fee Description Fee Paid			
1001 750 2001 375 Utility filing fee		2051 65 Surcharge - late filing fee or oath	
1002 330 2002 165 Design filing fee		2052 25 Surcharge - late provisional filing fee or cover sheet	
1003 520 2003 260 Plant filing fee		1053 130 1053 130 Non-English specification	
1004 750 2004 375 Reissue filing fee		1812 2,520 1812 2,520 For filing a request for ex parte reexamination	
1005 160 2005 80 Provisional filing fee		1804 920* 1804 920* Requesting publication of SIR prior to Examiner action	
SUBTOTAL (1) (\$)		1805 1,840* 1805 1,840* Requesting publication of SIR after Examiner action	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE		1251 110 2251 55 Extension for reply within first month	
Total Claims -20** = X Fee from below Fee Paid		1252 410 2252 205 Extension for reply within second month	
Independent Claims -3** = X Fee Paid		1253 930 2253 465 Extension for reply within third month	
Multiple Dependent		1254 1,450 2254 725 Extension for reply within fourth month	
Large Entity Small Entity Fee Code (\$) Fee Code (\$) Fee Description Fee Paid		1255 1,970 2255 985 Extension for reply within fifth month	
1202 18 2202 9 Claims in excess of 20		1401 320 2401 160 Notice of Appeal	
1201 84 2201 42 Independent claims in excess of 3		1402 320 2402 160 Filing a brief in support of an appeal	
1203 280 2203 140 Multiple dependent claim, if not paid		1403 280 2403 140 Request for oral hearing	
1204 84 2204 42 ** Reissue independent claims over original patent		1451 1,510 1451 1,510 Petition to institute a public use proceeding	
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent		1452 110 2452 55 Petition to revive - unavoidable	
SUBTOTAL (2) (\$)		1453 1,300 2453 650 Petition to revive - unintentional	
**or number previously paid, if greater; For Reissues, see above		1501 1,300 2501 650 Utility issue fee (or reissue) 1,300.00	
		1502 470 2502 235 Design issue fee	
		1503 630 2503 315 Plant issue fee	
		1460 130 1460 130 Petitions to the Commissioner	
		1807 50 1807 50 Processing fee under 37 CFR 1.17(q)	
		1806 180 1806 180 Submission of Information Disclosure Stmt	
		8021 40 8021 40 Recording each patent assignment per property (times number of properties)	
		1809 750 2809 375 Filing a submission after final rejection (37 CFR 1.129(a))	
		1810 750 2810 375 For each additional invention to be examined (37 CFR 1.129(b))	
		1801 750 2801 375 Request for Continued Examination (RCE)	
		1802 900 1802 900 Request for expedited examination of a design application	
		Other fee (specify) _____	
		*Reduced by Basic Filing Fee Paid	
		SUBTOTAL (3) (\$) 1,300.00	

SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	Peter A. Lipovsky	Registration No. (Attorney/Agent)	32580
Signature	<i>Peter A. Lipovsky</i>	Telephone	619-553-3824
		Date	17 SEP 03

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PTO/SB/21 (08-03)
Approved for use through 08/30/2003. OMB 0651-0031
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/574,987	
	Filing Date	05/12/2000	
	First Named Inventor	Carol A. Becker	
	Art Unit	1711	
	Examiner Name	Thao T. Tran	
Total Number of Pages in This Submission	4	Attorney Docket Number	82408

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Fee Transmittal PTOL-85 (2copies)
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Peter A. Lipovsky, Reg # 32580
Signature	<i>Peter A. Lipovsky</i>
Date	17 SEP 03

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.	
Typed or printed name	Rhea J. McGehee
Signature	<i>Rhea J. McGehee</i>
Date	9/18/03

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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